

Dear Chair Lyons and Members of the Senate Health and Welfare committee,

I am a family physician practicing at the Community Health Centers of Burlington at our Safe Harbor homeless healthcare clinic. I have been practicing here for nearly 9 years now. I am writing in support of bill H.72 regarding the harm reduction approach to drug use and the creation of Overdose Prevention Centers (OPCs).

I don't think anyone questions how big of an issue drug abuse is today, specifically opiate dependence. And I don't think anyone questions the impacts it has had on overdoses and deaths, homelessness rates, first responder, emergency room and hospital utilization, public safety, local business, and overall culture in most of Vermont's beloved towns. The question is, what are the most effective and humane ways to reduce drug dependency, and reduce deaths from drug overdose? This is where people are divided, both on what is effective, and what is humane.

Opiate dependency rates in this country have been developing over decades, and thus there is no quick fix to this issue. It is going to take time and many different strategies to reverse this trend. That said, there are several approaches that we have good evidence for and are supported by the majority of groups who specifically work with drug dependent individuals. The American Medical Association, the American Public Health Association, and the American Society of Addiction Medicine all support overdose prevention centers. We also have evidence of what does not work. I know evidence and statistics are not what motivate most people, but those who are in positions like yours to make decisions which can effect systemic changes and generate large impacts must be guided both by personal narratives and by evidence.

What doesn't work for most people is incarceration. While there are individual accounts of people who are dependent on a drug going to jail, getting clean in jail and getting released and staying clean and sober, this is the vast minority of cases. The rates of drug relapse and specifically overdose are extremely high after release from jail. Moreover, incarceration is a very disrupting life event and makes re-entry into society, getting a job and securing housing very difficult. This is not an argument against holding people accountable for crimes committed, rather to point out that incarceration is not an evidence-based way to help people out of drug abuse and dependency, and investments that increase incarceration are almost certainly not going to reduce opiate dependency or overdose deaths. There is also a morbid concept out there that if all the people who use drugs die of an overdose that there wont be a problem anymore. Unfortunately, we have proven this wrong over the past decade with each year setting record number of overdose deaths, and yet the rates of drug addiction continue to rise. This is because drug use, like incarceration, disrupts not only the lives of the individual but also their family, friends, and children. Many studies show traumatic childhood events, drug use in family members, and loss of a parent figure are major predictors for developing drug addiction. We need to help people avoid overdose deaths, break the cycle of addiction, and prevent youth from turning to drug use to cope with stressors.

What works is treatment, support, and harm reduction practices. Not only are these evidence-based approaches to drug abuse, but they are also humane and founded on the principle that all people should be treated with respect and dignity. To really reverse our current opioid epidemic it will take larger efforts to effect systemic changes that help people break cycles of generational poverty, abuse, and housing instability, but that is a larger conversation that has even more diverging opinions. However,

harm reduction practices like OPCs are a place to find common ground today, now, when we need it most as a society and a state.

Overdose prevention centers (OPCs) are a harm reduction tool that has been around for over 20 years in other countries across Europe, Australia, and Canada. NYC recently opened two OPCs as the first centers in the US, Rhode Island just approved the first legally supported OPC, and several other states are looking to open centers as well. In an OPC people who are dependent on drugs can use their own supplied drug in a medically supervised, safe, non-judgmental environment. Staff are trained to intervene and help reverse an overdose when needed. Centers also provide a hub and a trusted place for people to be linked to wrap-around services including case management for basic needs (eg, housing or food), emergency and preventive medical services, mental health services, counselling, and addiction treatment.

Research shows that OPCs are associated with benefits for individuals who use the centers AND communities where the centers are located. OPCs have been found to be associated with:

- Reduced overdose deaths
- Reduced substance use related harms (infections, skin wounds, etc..)
- Reduced utilization of EMS and emergency room services
- Reduced all-cause mortality among people who use drugs
- Increased treatment engagement
- Reduced public drug consumption
- Reduced litter of drug paraphernalia (needles, pipes etc..)
- Reduced local crime rates
- Decreased transmission of HIV and Hepatitis C infections

OPCs have NOT been found to increase drug trafficking, initiation of substance use among people who did not previously use, or resumed drug use among people in recovery. No one has died of a drug overdose while at an OPC. And they have been found to be cost effective, and reduced demand on local healthcare and emergency response services. OPCs are not a panacea to solve the opioid crisis, however they are one of the most effective ways we have currently to reduce harms and deaths, help people out of the cycle of dependency, and reduce the impact of drug use on local communities.

We need all approaches on the table to manage this crisis, and must put aside stigma and personal biases to create a better future for everyone. Opioid dependency is a disease that rewires the brain and changes a person's priorities. Someone in the midst of opioid dependence cannot just pull themselves out of the cycle easily, and most do not have the family supports and resources needed to help them get clean. OPCs are a compassionate way to meet those who don't have any supports or resources where they are at, and give them a chance to live long enough to try again to break the cycle of addiction and become functioning members of society.

I hope that you can not only see the benefit of OPCs but also are able to now speak about that benefit to others who many not understand why they are supported by so many organizations that directly serve those who are struggling with addiction. Please support bill H.72.

Thank you for your time.

Sincerely,

Lincoln Heath, MD
Family Physician

References:

1. [General 2 — DECRIMINALIZE VERMONT \(decrimvermont.org\)](https://decrimvermont.org)
2. Samuels EA, Bailer DA, Yolken A. Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. *JAMA Netw Open*. 2022;5(7):e2222153. doi:10.1001/jamanetworkopen.2022.22153
3. Brandon DL Marshall, M-J Milloy, Evan Wood, Julio SG Montaner, Thomas Kerr. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet* Volume 377, Issue 9775, 2011. Pages 1429-1437. ISSN 0140-6736. [https://doi.org/10.1016/S0140-6736\(10\)62353-7](https://doi.org/10.1016/S0140-6736(10)62353-7).
4. NIDA. 2020, June 1. Criminal Justice DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/criminal-justice> on 2024, February 10
5. Pauly B, Wallace B, Pagan F, Phillips J, Wilson M, Hobbs H, Connolly J. Impact of overdose prevention sites during a public health emergency in Victoria, Canada. *PLoS One*. 2020 May 21;15(5):e0229208. doi: 10.1371/journal.pone.0229208. PMID: 32438390; PMCID: PMC7242015.
6. NIDA. 2023, August 28. Overdose Prevention Centers. Retrieved from <https://nida.nih.gov/research-topics/overdose-prevention-centers> on 2024, February 11
7. Finke J, Chan J. The Case for Supervised Injection Sites in the United States. *Am Fam Physician*. 2022 May 1;105(5):454-455. PMID: 35559640.
8. <https://www.nyc.gov/assets/doh/downloads/pdf/basas/overdose-prevention-centers-faq.pdf>
9. <https://preventoverdoseri.org/overdose-prevention-centers/>
10. https://drugpolicy.org/wp-content/uploads/2023/06/DPA-OPCs_FactSheet.pdf
11. <https://www.browndailyherald.com/article/2024/02/providence-approves-nations-first-state-regulated-overdose-prevention-center#:~:text=When%20asked%20about%20future%20steps,2024%2C%20The%20Herald%20previously%20reported.>